

Best Available Copy

CLAIMS ONLY						Application Number 10/640858		Filing Date		
						Applicant(s)				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51			
2							52			
3							53			
4							54			
5							55			
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42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total			2				Total			
Indep							Indep			
Total Depend	15						Total Depend	10		
Total Claims	18						Total Claims	10		

29/3